



MISSOURI DEPARTMENT OF SOCIAL SERVICES
DIVISION OF FAMILY SERVICES

TITLE IV-E INITIAL ELIGIBILITY/REIMBURSABILITY DETERMINATION SUMMARY

CHILD'S NAME		DCN	<input type="checkbox"/> INITIAL ELIGIBILITY <input type="checkbox"/> REDETERMINATION (COMPLETE SECTIONS IV-VI)
I. INITIAL LEGAL STATUS			
CHILD ENTERED CARE VIA COURT ORDER?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, DATE OF PETITION	DATE OF COURT ORDER	DOES COURT ORDER CONTAIN THE PROPER JUDICIAL LANGUAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
II. AFDC RELATEDNESS			
WAS THE CHILD ELIGIBLE TO RECEIVE AFDC IN THE ELIGIBILITY MONTH?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, INDICATE REASON FOR INELIGIBILITY			
<input type="checkbox"/> SPECIFIED RELATIVE	<input type="checkbox"/> FINANCIAL NEED		
<input type="checkbox"/> DEPRIVATION	<input type="checkbox"/> OTHER		
III. SUMMARY			
<input type="checkbox"/> Meets Initial Eligibility Requirements <input type="checkbox"/> Not Eligible - Document Reasons Below			
LEGAL/AFDC			
<input type="checkbox"/> No Court ordered removal <input type="checkbox"/> Child does not meet age requirement <input type="checkbox"/> Child not deprived of parental support <input type="checkbox"/> Child did not live with a specified relative <input type="checkbox"/> Court order does not contain required judicial determination <input type="checkbox"/> Excessive income <input type="checkbox"/> Excessive resources			
IV. REIMBURSABILITY - ONE TIME CRITERIA			
REMOVAL PURSUANT TO COURT ORDER		<input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, DOES COURT ORDER GIVE DFS LEGAL RESPONSIBILITY FOR CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE OF COURT ORDER	
IS THERE A COURT ORDER WITH REASONABLE EFFORTS LANGUAGE? <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE OF COURT ORDER	
IS THE CHILD IN CONCURRENT RECEIPT OF SSI AND TITLE IV-E?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
V. REIMBURSABILITY - MONTHLY CRITERIA			
Is child under age 18 or 19 and expected to complete school by age 19?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Is the child deprived of parental support in the home from which (s)he was removed?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Is the child placed in a reimbursable facility?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are the child's resources within AFDC standards?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Is the child's income within the foster care maintenance rate standards?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
VI. SUMMARY			
<input type="checkbox"/> Meets reimbursable criteria <input type="checkbox"/> Does not meet reimbursable criteria.			
DOCUMENT REASON BELOW			
<input type="checkbox"/> Concurrent receipt of SSI <input type="checkbox"/> No Court order with Reasonable Efforts Language <input type="checkbox"/> Deprivation <input type="checkbox"/> Age <input type="checkbox"/> Reimbursable Facility <input type="checkbox"/> Financial Need			
MONTHS TITLE IV-E REIMBURSABLE		ELIGIBILITY SPECIALIST SIGNATURE	
		DATE	

